

# LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS WAABSHKI-MIIGWAN DRUG COURT PROGRAM ENTRANCE QUESTIONNAIRE

Please fill out this questionnaire fully. It is to your advantage to provide the information requested entirely, accurately, and promptly.

## PERSONAL DATA

NAME:		DOB:	
OTHER NAME(S) USED:			
ADDRESS:			
HOME TELEPHONE:		WORK TELEPHONE:	
SOCIAL SECURITY #:			
TRIBAL AFFILIATION:			
DRIVERS LICENSE #:		EXPIRATION DATE:	
HEIGHT:		WEIGHT:	
HAIR COLOR:		EYE COLOR:	
SCARS, MARKS, TATOOS:			
LIST ALL FORMS OF INCOME AND ASSISTANCE:			
HOW LONG HAVE YOU LIVED IN THE COMMUNITY:			

## OFFENSE DATA

I AM CHARGED WITH:		DATE OF INCIDENT:	
MY ATTORNEY IS:			
IN COURT, I PLED:	<input type="checkbox"/> GUILTY OR <input type="checkbox"/> WAS FOUND GUILY	ON:	
I WAS ARRESTED BY:		ON:	
I SPENT	__ DAYS IN JAIL	BOND AMOUNT:	\$

BOND WAS POSTED BY:	
MY VERSION OF THE INCIDENT IS AS FOLLOWS:	
WHY DID YOU COMMIT THE OFFENSE AND HOW DO YOU FEEL ABOUT WHAT YOU DID?	
WAS THERE ALCOHOL INVOLVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THERE DRUGS INVOLVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**MARITAL STATUS**

ARE YOU:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
SPOUSE'S NAME:		# OF CHILDREN:		
NAME(S) AND AGE(S) OF CHILDREN:				
YOU RESIDE WITH:				
CHILDREN RESIDE WITH:				

**FAMILY INFORMATION**

FATHER'S NAME:		LTBB MEMBER:	<input type="checkbox"/> Y <input type="checkbox"/> N	DOB:	
MOTHER'S NAME:		LTBB MEMBER:	<input type="checkbox"/> Y <input type="checkbox"/> N	DOB:	
BROTHER(S) AND SISTER(S):					
PLEASE DESCRIBE YOUR FAMILY LIFE (GOOD OR BAD) AS YOU GREW UP:					
WHERE YOU EVER ABUSED? HOW?					

**EDUCATION:**

HIGH SCHOOL, COLLEGE, OR UNIVERSITY	ADDRESS	LAST GRADE COMPLETED	YEAR	DID YOU GRADUATE?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

G.E.D. CERTIFICATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:	
VOCATIONAL TRAINING:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT FIELD(S):		WHAT SCHOOL:	
DID YOU COMPLETE YOUR VOCATIONAL TRAINING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:	
OTHER SKILLS:			
DO YOU PLAN TO CONTINUE YOUR EDUCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW:			

**EMPLOYMENT**

PRESENT EMPLOYER:		TELEPHONE:	
ADDRESS:		CITY/STATE:	
HOW LONG:		START DATE:	
		WAGE: (HR/MO)	
DO YOU ENJOY YOUR JOB?			
ARE YOU A FULL, PART-TIME OR SEASONAL EMPLOYEE:			

**MILITARY DATA**

WHAT MILITARY SERVICE DID YOU JOIN:			
DATE ENTERED:		DISCHARGED AT:	
DATE		TYPE OF DISCHARGE:	

**INTERESTS AND ACTIVITIES**

WHAT DO YOU ENJOY DOING MOST?	
WHAT ARE YOUR HOBBIES?	
WHAT DO YOU DO TO RELAX:	
ARE YOU INVOLVED IN ANY GROUPS/ORGANIZATIONS WITHIN THE COMMUNITY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, LIST THEM:	

**HEALTH:**

HAVE YOU EVER BEEN TREATED OR EVALUATED BY BIA SOCIAL SERVICES OR CRISIS INTERVENTION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN AND GIVE DATE(S):	
HAVE YOU EVER BEEN IN ANY IN-PATIENT OR OUT-PATIENT TREATMENT PROGRAM?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, WHEN AND WHERE?	
DO YOU HAVE ANY HEALTH/MEDIAL PROBLEMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO ARE THEY TEMPORARY OR PERMANENT?	
PLEASE EXPLAIN:	
DO YOU DRINK ALCOHOLIC BEVERAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT KIND?	HOW OFTEN?
DO YOU NEED ALCOHOL TO RELAX AND HAVE A GOOD TIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OR HAVE YOU USED ANY ILLEGAL DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT KIND?	HOW OFTEN?

**VALUES AND OUTLOOK**

WHAT ARE YOUR FUTURE PLANS IN LIFE?

WHAT DO YOU VALUE MOST IN LIFE?

HOW DO YOU VIEW YOUR LIFE AT PRESENT?

**CRIMINAL HISTORY**

LIST AND EXPLAIN ANY PAST CRIMINAL AND JUVENILE COURT CONVICTIONS. LIST WHAT THE OFFENSE WAS, WHEN, AND WHERE IT HAPPENED, WHAT THE SENTENCE WAS, AND YOUR EXPLANATION OF THE OFFENSE:

ARE YOU OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE?

YES  NO

IF YES, WHEN AND WHERE?

IS THERE ANYTHING THAT YOU FEEL THE COURT SHOULD TAKE INTO CONSIDERATION WHEN DECIDING YOUR SENTENCE?

**HISTORY OF DRUG USE**

DESCRIBE YOUR DRUG USE:

DRUGS OF CHOICE:

AGE AT FIRST USE:

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND UNDER PENALTIES OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS THE TRUTH. IF THE COURT DISCOVERS THAT YOU LIED OR GAVE MISLEADING ANSWERS ON THIS FORM YOU MAY BE CHARGED WITH CONTEMPT OF COURT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

WITNESSED BY:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**RELEASE OF CONFIDENTIAL INFORMATION**

NAME \_\_\_\_\_ D/O/B: \_\_\_\_\_ DATE: \_\_\_\_\_

I, do hereby authorize the release of any and all MEDICAL, PSYCHIATRIC, and PSYCHOLOGICAL evaluation reports and/or records for use in my Pre-Sentence investigation for the Little Traverse Bay Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

I, do here by authorize the release of any and all ADULT CRIMINAL, and JUVENILE reports and/or records for use in my Pre-Sentence investigation for the Little Traverse Bay Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

I, do hereby authorize the release of any and all FINANCIAL reports and/or records for use in my Pre-Sentence investigation for the Little Traverse Bay Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

I, do hereby authorize the release of any and all SCHOOL reports and/or records for use in my Pre-Sentence investigation for the Little Traverse Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

I, do hereby authorize the release of any and all ALCOHOL and/or DRUG ABUSE counseling and treatment records and/or reports for use in my Pre-Sentence investigation for the Little Traverse Bay Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

I, do hereby authorize the release of any and all MENTAL HEALTH reports and/or records for use in my Pre-Sentence investigation for the Little Traverse Bay Bands of Odawa Indians Tribal Court Probation Department. (\_\_\_\_\_)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS  
TRIBAL PROBATION OFFICER